



To be completed by TAAG staff:			
School ID:	_____		
Form Code: PAS	Version: A	Series #: 41	Seq. #: _____

ACTION PLAN SURVEY

Process Evaluation: Program Champions

Instructions: One form per school is to be completed at the end-of-semester (fall semester, spring semester) survey with Process Evaluation Coordinator and site Interventionist at each site.

Today's Date: ___ ___/___ ___/20___
 m m/ d d / yyyy

Form completed by (initials): ___ ___

Answer the following questions based on the action plans developed by each school at the end of the 2004-2005 school year (end of the second year of the TAAG intervention).

1. HEAC

	Completely	Mostly	Somewhat	Not at all
a. To what extent has the original action plan for <u>HEAC</u> been followed this past semester?	1	2	3	4
b. Was the original plan for <u>HEAC</u> revised this past semester? (<i>circle one</i>)				
Y Yes				
N No (if no, skip to question 2a)				
	Completely	Mostly	Somewhat	Not at all
c. To what extent has the revised action plan for <u>HEAC</u> been followed?	1	2	3	4

2. PE

	Completely	Mostly	Somewhat	Not at all
a. To what extent has the original action plan for <u>PE</u> been followed this past semester?	1	2	3	4
b. Was the original plan for <u>PE</u> revised this past semester? (<i>circle one</i>)				
Y Yes				
N No (if no, skip to question 3a)				
	Completely	Mostly	Somewhat	Not at all
c. To what extent has the revised action plan for <u>PE</u> been followed?	1	2	3	4

3. PPA

a. To what extent has the original action plan for PPA been followed this past semester?

	Completely	Mostly	Somewhat	Not at all
	1	2	3	4

b. Was the original plan for PPA revised this past semester? (*circle one*)

- Y Yes
- N No (if no, **skip** to question 4a)

c. To what extent has the revised action plan for PPA been followed?

	Completely	Mostly	Somewhat	Not at all
	1	2	3	4

4. PROMOTIONS

a. To what extent has the original action plan for PROMOTIONS been followed this past semester?

	Completely	Mostly	Somewhat	Not at all
	1	2	3	4

b. Was the original plan for PROMOTIONS revised this past semester? (*circle one*)

- Y Yes
- N No (if no, **skip** to question 5)

c. To what extent has the revised action plan for PROMOTIONS been followed?

	Completely	Mostly	Somewhat	Not at all
	1	2	3	4

5. Comments: _____

6. End- of- year only: What plans does the school have for physical activity for girls next year?
